

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Infant died at birth *Barrett*

Died at *Cardiff* To *Cardiff* County *Hungford* MARYLAND

Date of death *1906 May - 26* Age *26* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Cardiff*

Occupation *-* Where Residing if not at place of death *-*

Married, Single or Widowed *-* Name of Wife or Husband *-*

Father's Name *Wm. J. Barrett* Father's Birthplace *Fork & Pe*

Mother's Maiden Name *Eliza Corn* Mother's Birthplace *Hungford Md*

Name of person giving information *John* How related to deceased *-*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Still Born* How long *-*

Immediate *" "* How long *-*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Dr. W. E. Arthur*

Address *Cardiff Md*

Accident or Suicide? *-*



Name  
in  
Full

Mrs. Maria Bradley

CERTIFICATE OF DEATH

Died at Bel Air Town

Harford Co

County

MARYLAND

Date

of death 1906

Month

May

Day

29

Years

62

Age

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Ireland

Occupation

Housewife

Where Residing if not  
at place of death

Bel Air Md

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Daniel Bradley

Father's  
Name

Hugh Lahane

Father's  
Birthplace

Ireland

Mother's  
Maiden Name

Catharine Kerrigan

Mother's  
Birthplace

Ireland

Name of person giving  
Information

Ellen Klitch

How related  
to deceased

Daughter

## CAUSES OF DEATH

Primary

Gastro Enteritis

How long

4 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

H. F. Bradley M.D.

Address

Pamettville

Accident or Suicide?

Md.

LIBRARY BUREAU A00010

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Chas. E. Humberger, Benson,  
Long Green, Palto Co.

### CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died near <sup>Town</sup> Hauke Gore

County Harford

## MARYLAND

Date of death 1906 *Mar* Month

Day  
14

Age 44 Years

Months  
6Days  
17

Sex *Male*

Color or Race *White*

Birth-place *Italy*

Occupation *Labarre*

Where Residing if not  
at place of death *Post Repose*

Married, Single or Widowed *Married*

Name of Wife or  
Husband

Marie Sylvesta

Father's Name *Alessio Ciardo*

Father's Birthplace *Italy*

Mother's Maiden Name *Guiseppe Daddano*

Mother's Birthplace *Italy*

Name of person giving information *D. Ciarlo*

How related to deceased	Sister
-------------------------	--------

### CAUSES OF DEATH

Primary *Pneumonia*

How long 1 week

Immediate *Heart Failure*

How long

Are the name, age, sex, color, date and place correctly given above? ye -

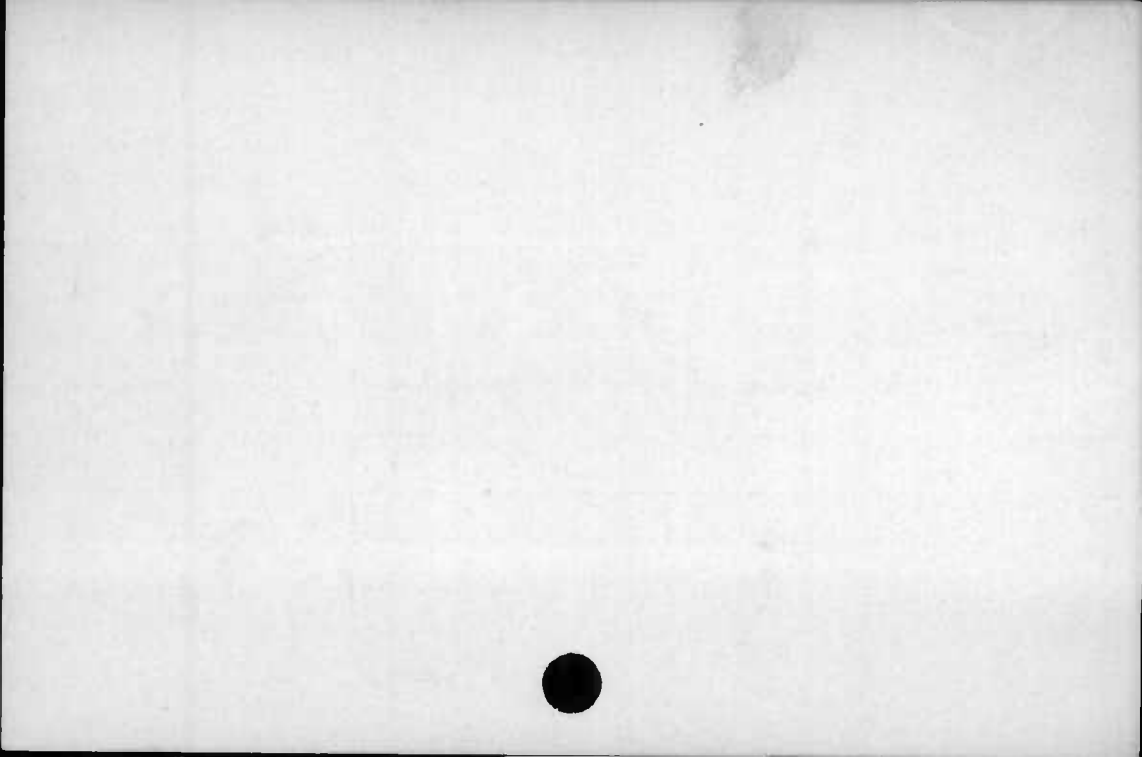
Signature of Physician

N. E. Clemens

Address

Rock Deposit, Ind.

### Accident or Suicide?



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Rebecca S Davidson

## CERTIFICATE OF DEATH

MARYLAND

Died at Bagley <sup>Town</sup> Harford <sup>County</sup>Date of death 1906 <sup>Month</sup> 5 <sup>Day</sup> 29 <sup>Age</sup> 59 <sup>Years</sup> <sup>Months</sup> <sup>Days</sup>Sex Female <sup>Color or Race</sup> White <sup>Birth-place</sup> Md.Occupation Housewife <sup>Where Residing if not at place of death</sup>Married, ~~Yes~~ or Widowed <sup>Name of ~~Wife or~~ Husband</sup> David Davidson SrFather's Name Benjamin S Rozette <sup>Father's Birthplace</sup> Md.Mother's Maiden Name Sarah Rebange <sup>Mother's Birthplace</sup> Md.Name of person giving information Anna Davidson <sup>How related to deceased</sup> Daughter

## CAUSES OF DEATH

Primary Malignant Growth <sup>How long</sup> 2 years +  
Immediate Exhaustion <sup>How long</sup>

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Wmell S Dappington

Belair

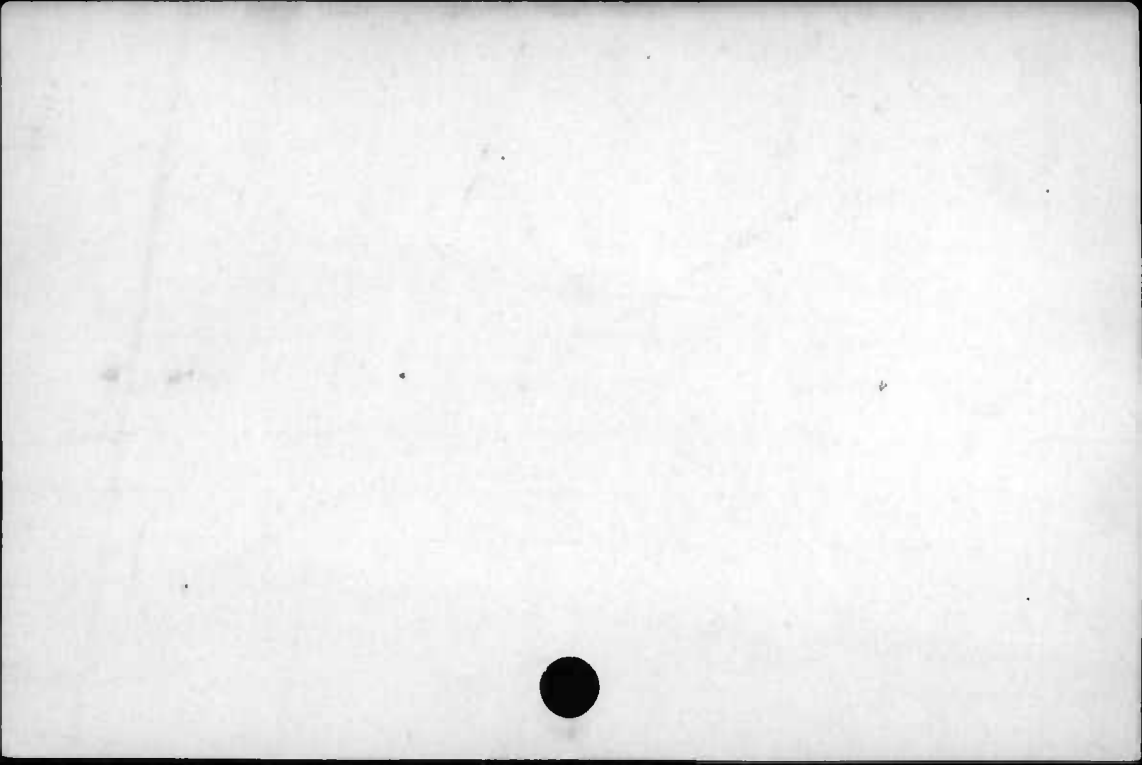
Accident or Suicide?

Md.

Chas. E. Homburger, Berom  
Rock Spring, Cemetery.



Name in Full		Mrs. Mary F. Farrowood				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Chestnut Hill	County Harford	MARYLAND		
		Date of death		1906	Month May	Day 18	Age 82	Months 9
		Sex		Female	Color or Race	White	Birth-place	Harford Co.
		Occupation		Housewife		Where Residing if not at place of death Chestnut Hill		
		Married, Single or Widowed		Widow		Name of Wife or Husband Jacob Farrowood		
		Father's Name		Archibald Scarboro			Father's Birthplace Ind.	
		Mother's Maiden Name		Sarah Hamilton			Mother's Birthplace Ind.	
		Name of person giving information		Martha Scarboro		How related to deceased Widow		
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary		General Debility		How long 154		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician F. L. Hughes		
						Address Forest Hill, R.F.D. Ind.		
		Accident or Suicide?						



Name  
in  
Full

## CERTIFICATE OF DEATH

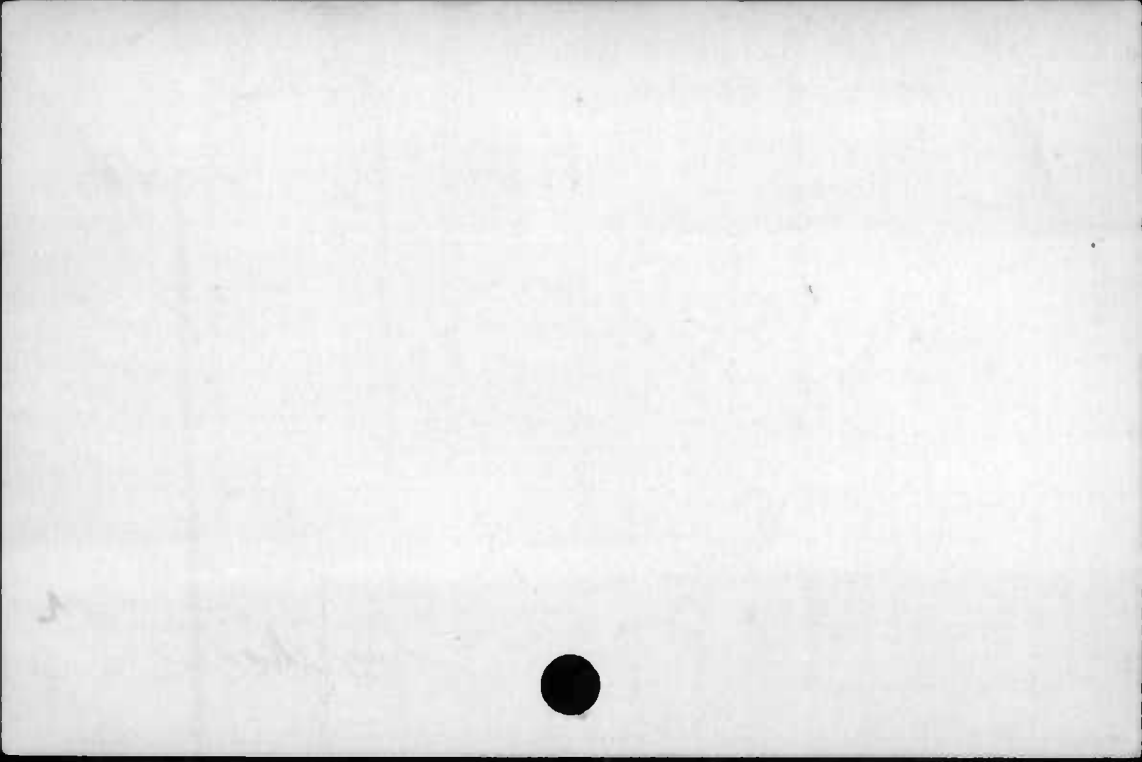
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Mary Foxwood</i>		County <i>Harford</i>		MAYLAND	
Died at <i>Cheslant Hill</i>		Town <i>Harford</i>		Days	
Date of death <i>1906</i>	Month <i>5</i>	Day <i>21</i>	Age <i>84</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Jacob Foxwood</i>			
Father's Name <i>Archie Seabrough</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Sarah Hamilton</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Mrs Phoebe Jane Williams</i>		How related to deceased <i>—</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Old Age</i>	How long	<i>154</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr. B. Lee Hughes</i>	
		Address <i>Gibson Ind</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

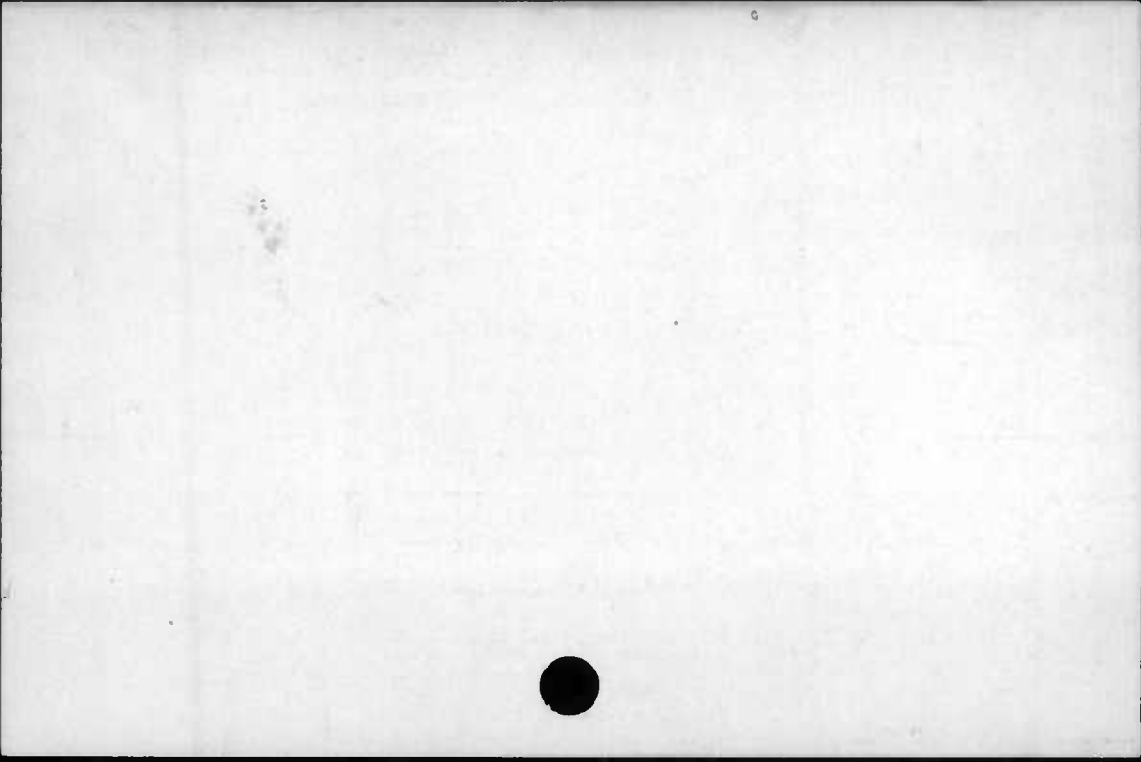
TO BE ANSWERED BY  
NEAREST FRIEND

*Ordo Galloway* ✓  
Died at *Haven delmar* Town *Hanford* County  
Date of death *1906* Month *May* Day *12* Age *9* Years Months *9* Days *-*  
Sex *Female* Color or Race *Col* Birth-place *Ind*  
Occupation *Domestic* Where Residing if not at place of death  
Married, Single or Widowed *Single* Name of Wife or Husband  
Father's Name *Walter Galloway* Father's Birthplace *Ind*  
Mother's Maiden Name *Harriet Hill* Mother's Birthplace *Ind*  
Name of person giving information *Walter Galloway* How related to deceased *Father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Bronchitis* How long *90*  
Immediate *Bronchitis* How long *1 wk*  
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. Howard*  
Address *Haven delmar*  
Accident or Suicide?



Name

in Full

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

MARYLAND

Died at *Morrisville* Town *Harford* CountyDate of death 190 *6* Month *May* Day *24* Age *26* Years Months DaysSex *Female* Color or Race *White* Birth-place *Stablesville, Md*Married, Single or Widowed *Married* Occupation *Housewife*Name of Wife or Husband *Chas Gibbs*Father's Name *Tomas Brown*Father's Birthplace *Dont know*Mother's Maiden Name *Dont know*Mother's Birthplace *Middletown*Name of person giving information *Chas. Gibbs*How related to deceased *Daughter*

## CAUSES OF DEATH

Primary *Child birth*

How long

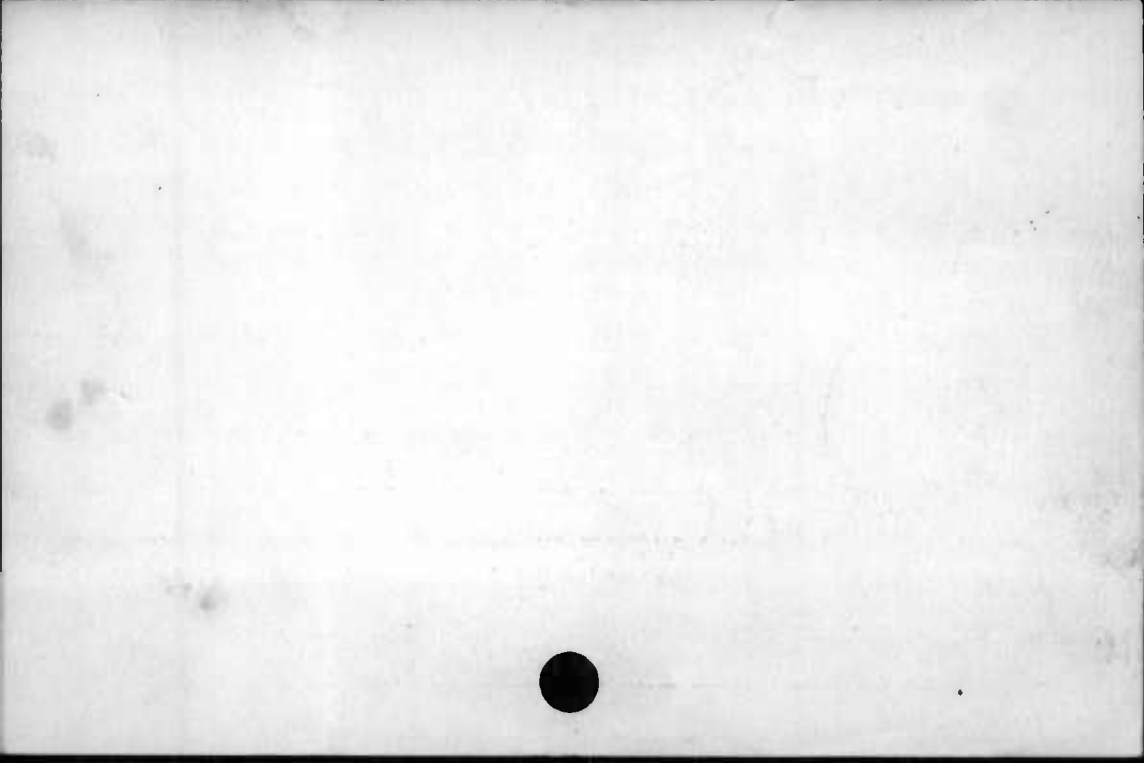
Immediate *Ruptured uterus with Septicemia*How long *Four days*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

*Eugene H. Free*  
*Stearnsstown, Pa*

Accident or Suicide?





Name

TO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

*James Gleason* ✓

Died at *Hawndel Grace* Town *Hanford* County

Date of death *1906* Month *May* Day *23* Age *68* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Ireland*

Occupation *Laborer* Where Residing if not at place of death *Hawndel Grace*

~~Married, Single~~ or Widowed Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information *Miss Mary Gleason* How related to deceased *Daughter*

## CAUSES OF DEATH

Primary *Found dead in yard* How long

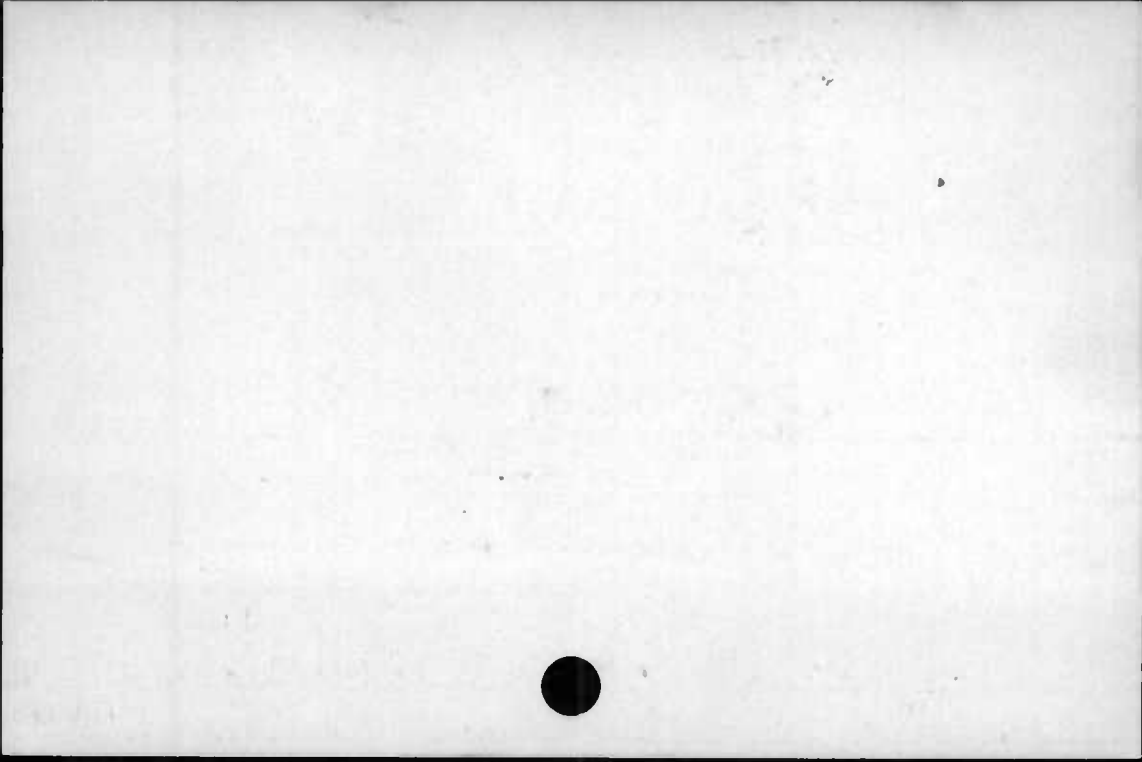
Immediate *yes* How long *1 wk*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. Woodward*

Address *Hawndel Grace Md*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

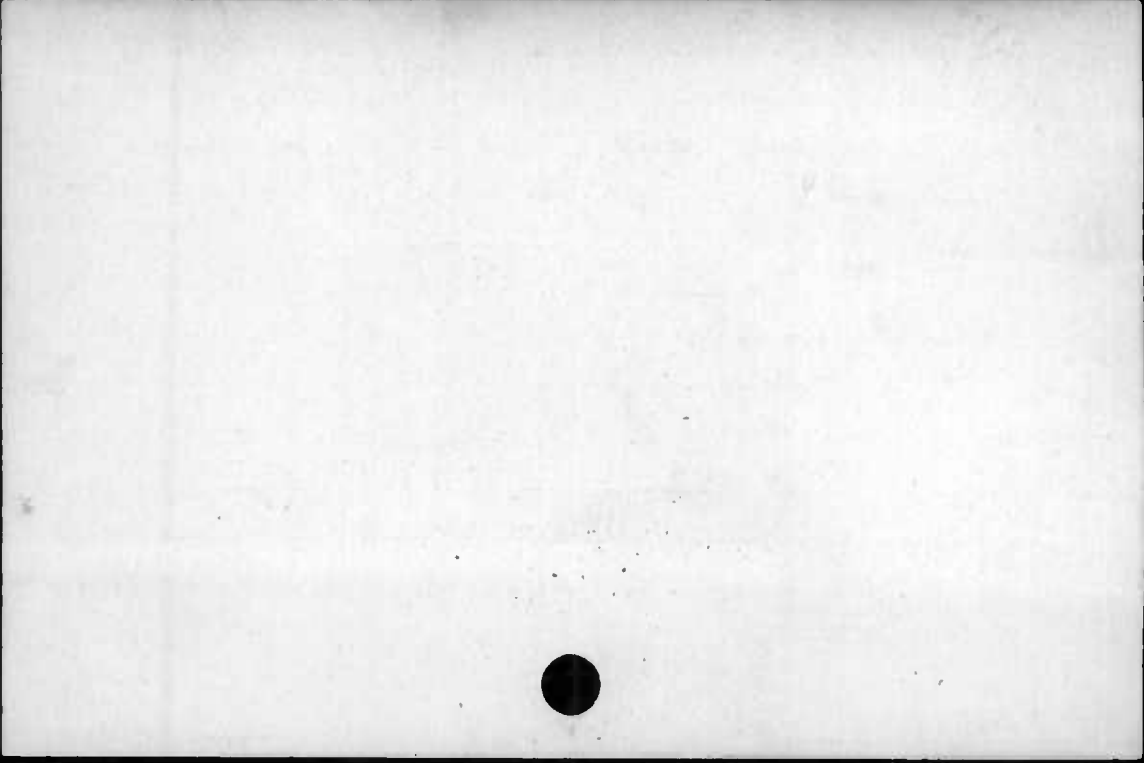
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Berryman</i>		County <i>Harford</i>		MARYLAND	
Date of death	1906	Month 5	Day 5	Age	Years	Months 7	Days
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth- place	<i>Berryman</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			<i>Jacob A. Grafton</i>			Father's Birthplace	
Mother's Maiden Name			<i>Emma B. Hickman</i>			Mother's Birthplace	
Name of person giving In formation			<i>Jacob A. Grafton</i>			How related to deceased	
						<i>Father</i>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Gastritis</i>	How long	<i>2 weeks</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>J. H. Plier</i>	
		Address	
		<i>Berryman</i>	
Accident or Suicide?			



Name  
in  
Full

Hazel Haines

## CERTIFICATE OF DEATH

Died at Hublin TownHarford County

MARYLAND

Date of death 1906 May Month25 DayAge YearsThree Months6 DaysSex FemaleColor or Race coloredBirth-place Hublin

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

David Haines

Father's Birthplace

Hublin

Mother's Maiden Name

Mollie Harrison

Mother's Birthplace

Chestnut Hill

Name of person giving information

Father

How related to deceased

## CAUSES OF DEATH

Primary

convulsions(7)

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

J. H. Harris

Address

Castleton, Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Laura Jane Hall

## CERTIFICATE OF DEATH

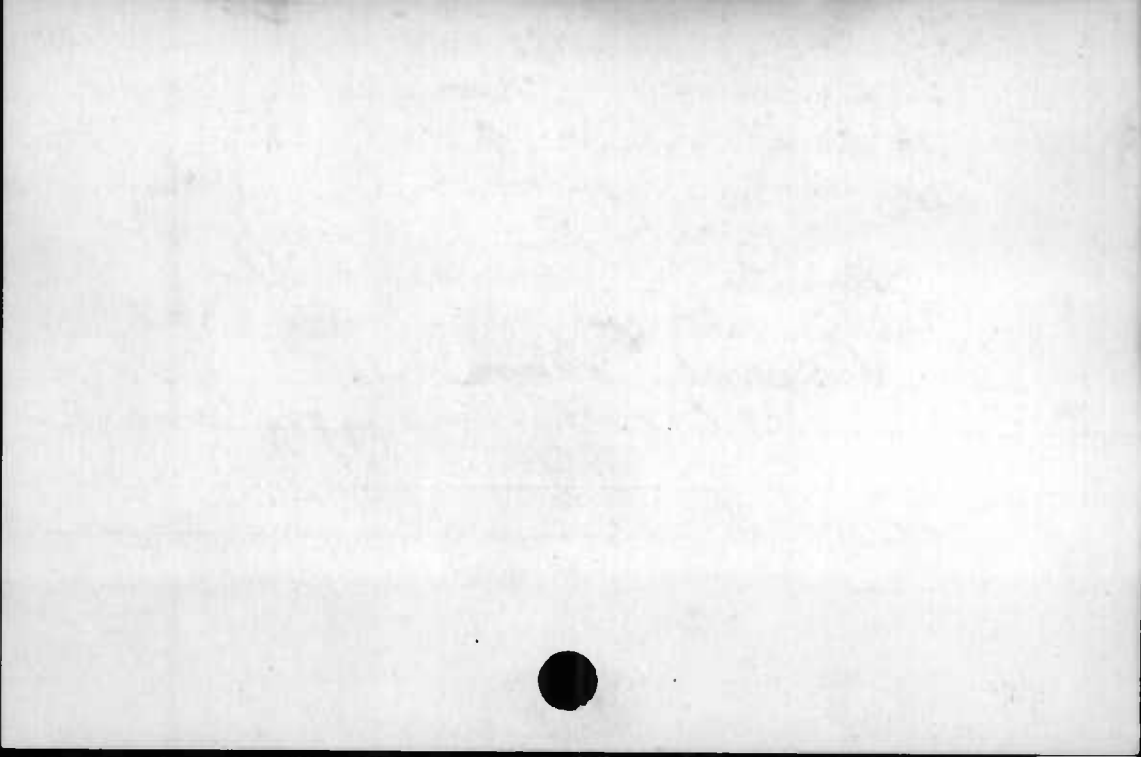
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Madova</i>		County <i>Harford</i>		MARYLAND	
Date of death	1906	Month	May	Day	31st
Age	2	Years	2	Months	2
Sex	Female	Color or Race	Colored	Birth-place	Madova Harford Co
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Croupous Laryngitis</i>	How long	<i>Four days</i>
Immediate	<i>Asphyxia</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<i>Oscar H. McHenry</i>	
		Address	
		<i>Jarrettsville Md.</i>	
Accident or Suicide?			





Name in Full		Certificate of Death						
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Fulford</i>		Town <i>Fulford</i>		County <i>Harford</i>		MARYLAND	
	Date of death	<i>1906</i>	Month <i>May</i>	Day <i>22</i>	Age <i>28</i>	Years	Months	Days
	Sex	<i>Female</i>		Color or Race	<i>Black</i>		Birth-place	<i>Ind.</i>
	Occupation	<i>Servant</i>			Where Residing if not at place of death		<i>Fulford</i>	
	Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband		<i>Thomas Hill</i>		
	Father's Name	<i>Eli Parrell</i>					Father's Birthplace	<i>Ind.</i>
	Mother's Maiden Name	<i>Hannah Chambers</i>					Mother's Birthplace	<i>Ind.</i>
	Name of person giving information	<i>Paul Chambers</i>					How related to deceased	<i>Uncle</i>
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	<i>Typhoid fever</i>				How long	<i>ten days</i>	
	Immediate					How long		
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		Signature of Physician		<i>William V. Archer</i>	
					Address		<i>Beth Air Md</i>	
	Accident or Suicide?							

Astbury Church,

on May 24, 1906

Name  
in  
Full

Cellito Joseph

5/12/19

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Havre de Grace		Harford		MARYLAND	
Date of death	1906	Month	May	Day	19	Age	26
Sex	Male		Color or Race	White		Birth-place	Italy
Occupation	Laborer		Where Residing if not at place of death		Havre de Grace		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	—					Father's Birthplace	
Mother's Maiden Name	—					Mother's Birthplace	
Name of person giving information					How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

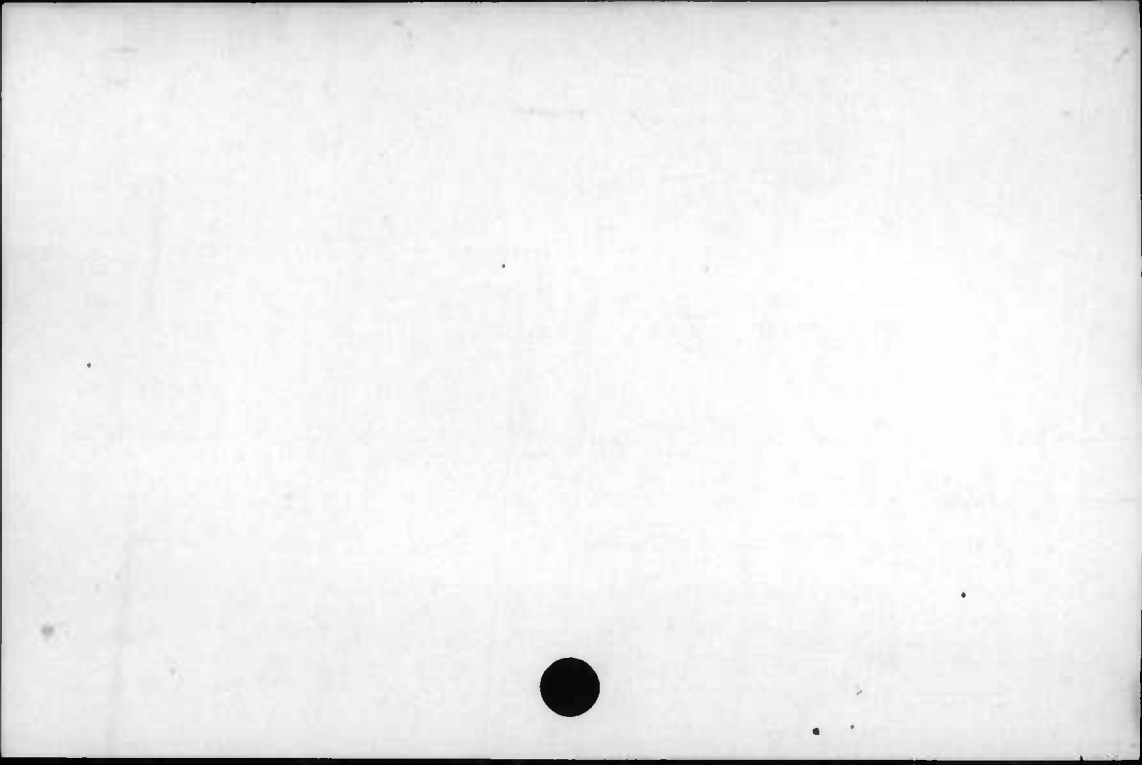
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?




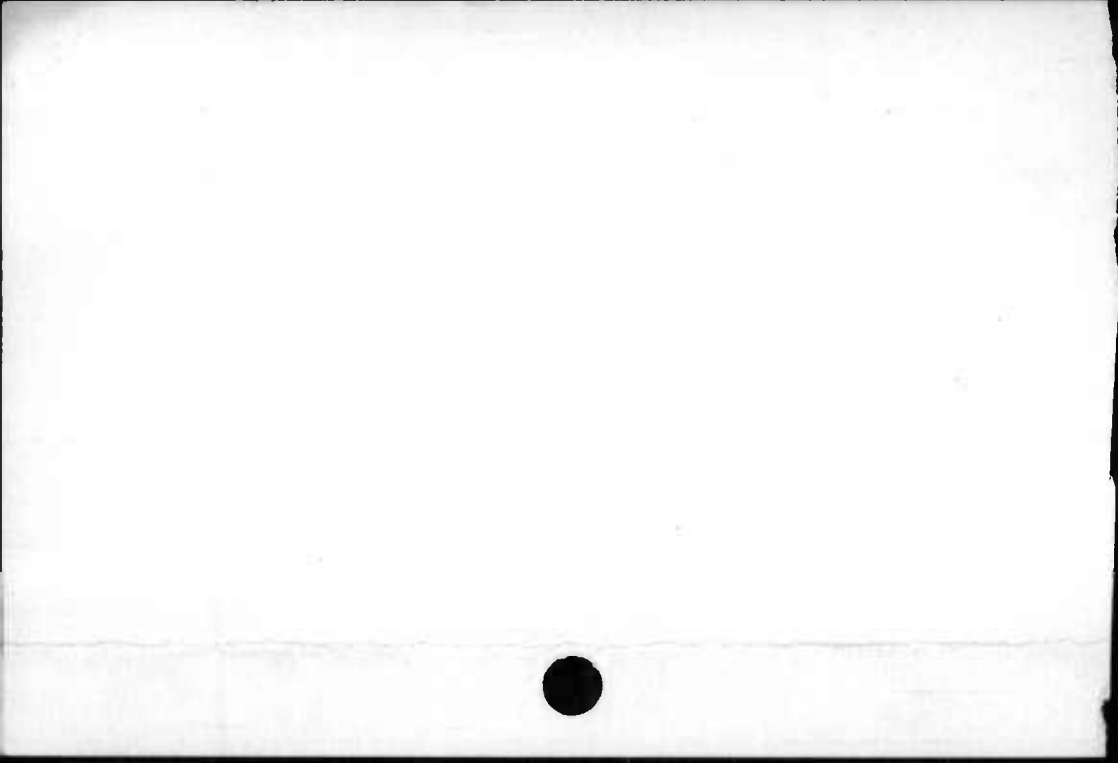
*Sarah Kelly*

CERTIFICATE OF DEATH

Died at <i>Upper X Roads</i> <sup>Town</sup>		<i>Warford</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1906</i> <sup>Year</sup>	<i>May</i> <sup>Month</sup>	<i>14</i> <sup>Day</sup>	<i>Seven</i> <sup>Months</sup>	<i></i> <sup>Days</sup>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation <i></i>			Where Residing if not at place of death <i>Upper X Roads Md.</i>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>Joseph M. Kelly</i>		Father's Birthplace	<i>Md.</i>
Mother's Maiden Name		<i>Sallie Lynch</i>		Mother's Birthplace	<i>Md.</i>
Name of person giving Information		<i>Thomas J. Kelly</i>		How related to deceased	<i>Uncle</i>

CAUSES OF DEATH

Primary	<i>Pneumonia</i>	How long	<i>10 days</i>
Immediate	<i>Pneumonia</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>John A. Green</i>	
		Address <i>Sitting</i>	
Accident or Suicide?			



Name  
In  
Full


CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Pearl Lofton* ✓  
 Died at *Holbrook* <sup>Town</sup> *Hanford* <sup>County</sup> **MARYLAND**  
 Date of death **1906** <sup>Month</sup> *May* <sup>Day</sup> *26* <sup>Years</sup> *19* <sup>Months</sup> *0* <sup>Days</sup> *0*  
 Sex *Female* Color or Race *W* Birth-place *Ind*  
 Occupation *House* Where Residing if not at place of death *Holbrook*  
 Married, Single or Widowed *Single* Name of Wife or Husband  
 Father's Name Father's Birthplace  
 Mother's Maiden Name Mother's Birthplace  
 Name of person giving information *John Way* How related to deceased *Step Father*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Pul Tuberculosis*  How long  
 Immediate *1 Yr*  
 Are the name, age, sex, color, date and place correctly given above? ☒ Signature of Physician *J Howard*  
 Address *Holbrook Ind*  
 Accident or Suicide? ☐





Name  
in  
Full

Unnamed Child

Lynch

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Taylor Town

County

Harford

MARYLAND

Date of death 1906 May

Day

6

Age

Years

Months

Days

5

Sex Female

Color or  
Race

White

Birth-  
place

Harford Co Md

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

John Lynch

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Francis Dalton

Mother's  
Birthplace

"

Name of person giving  
In formation

John Lynch

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Non closure of Foramen Ovale

How long

5-10 days

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

H. F. Bradley

Address

Garrettsville

Accident or Suicide?

Ind.

111  
12  
—

100-66

10

Name  
in  
Full

Theodor Euphemus McGraw

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Abideen

Town

Towford Co

County

Date

of death 1906

Month

May

Day

21

Age

Years

66

Months

1

Days

6

Sex

Female

Color or  
Race

white

Birth-  
place

Michaelsville md

Occupation

Where Residing if not  
at place of death

Abideen md

Married, Single  
or Widowed

married

Name of Wife or  
Husband

Jas W McGraw

Father's  
Name

Ben S Courtney

Father's  
Birthplace

Abideen md

Mother's  
Maiden Name

Theodor E Courtney

Mother's  
Birthplace

Perryman md

Name of person giving  
information

James W McGraw Jr

How related  
to deceased

son

## CAUSES OF DEATH

Primary

Valvular Disease

How long

2 yrs

Immediate

Dropsy &amp; Exhaustion

How long

—

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

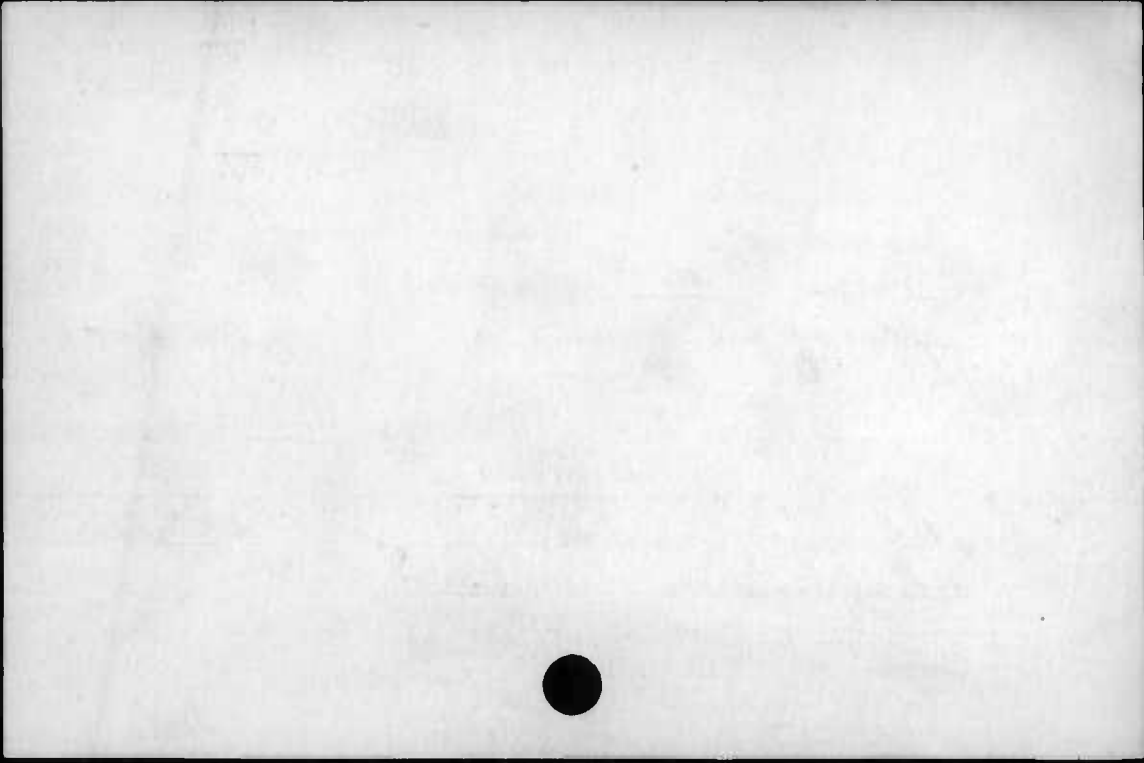
Address

J. T. Kennedy

Abideen Md

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Mary S. Magness

Town

Rocks

County

Harford

MARYLAND

Date

of death 1906

Month

May

Day

6

Age

years

64

Months

8

Days

15

Sex

Female

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Seamstress

Where Residing If not  
at place of deathMarried, Single  
or Widowed

Widow

Name of Wife or  
Husband

James Magness

Father's  
Name

James De Moos

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Mary J. Roberts

Mother's  
Birthplace

Maryland

Name of person giving  
information

James C. Moore

How related  
to deceased

Son in Law

## CAUSES OF DEATH

Primary

Chronic Diarrhea

How long

20 years

Immediate

Exhaustion

How long

—

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

H. F. Bradley M.D.

Address

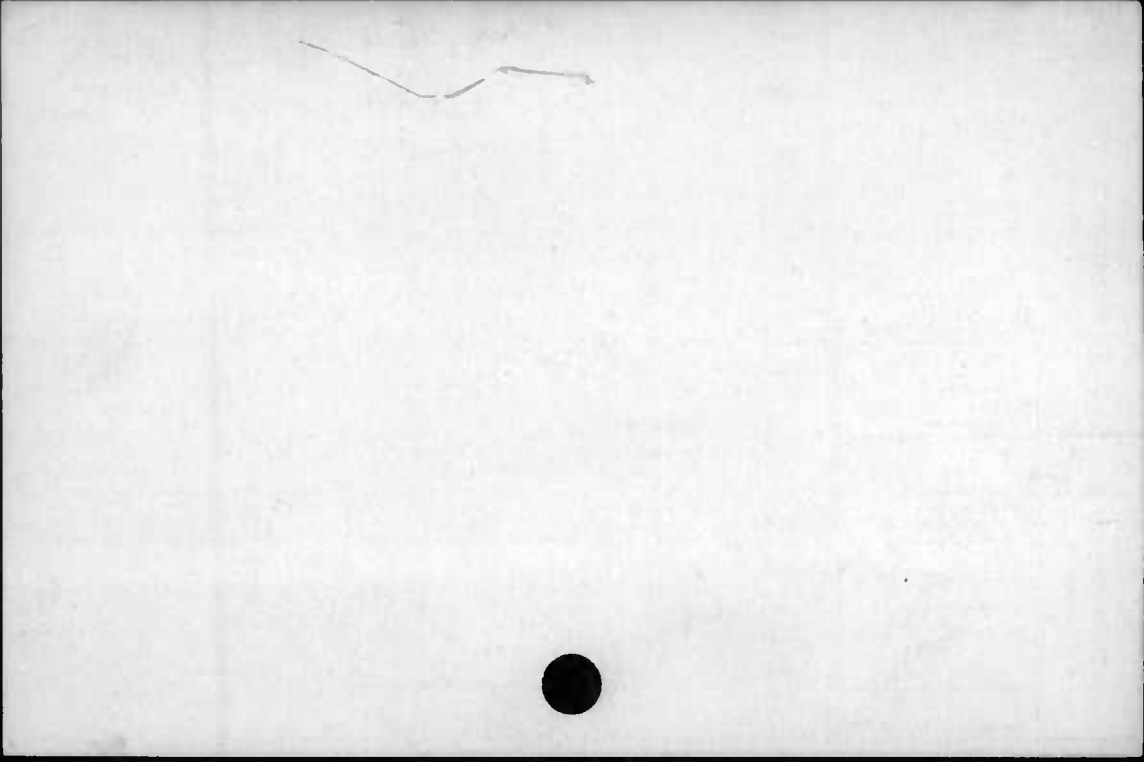
Jarrettsville

Md.

Accident or Suicide?

—

PHYSICIAN  
OR CORONER



Name  
in  
Full

Sallie Mitchell

## CERTIFICATE OF DEATH

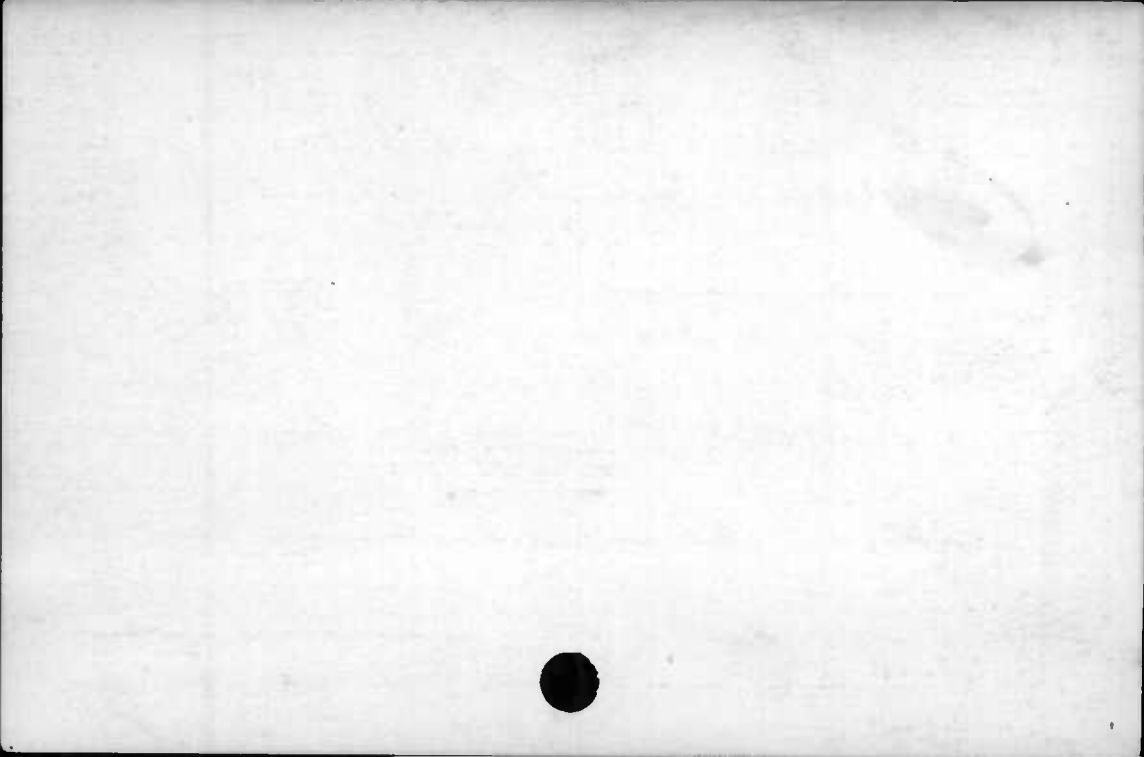
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Mar Abundum		County Harford		MARYLAND	
Date of death	1906	Month May	Day 5	Age 57	Years 57	Months 2	Days —
Sex	Female		Color or Race	White		Birth-place	Harford Co
Occupation	Housewife			Where Residing if not at place of death Mar Abundum			
Married, Single or Widowed	Married		Name of Wife or Husband	John S. Mitchell			
Father's Name	Lewis Lodd				Father's Birthplace	Maryland	
Mother's Maiden Name	Eugenia Oelorn				Mother's Birthplace	Maryland	
Name of person giving information	J. H. Kennedy M. D				How related to deceased	Sister	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Congestion of Brain	How long	6 days
Immediate	apoplexy	How long	48 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. H. Kennedy M. D
		Address	Abundum Md
Accident or Suicide? <input checked="" type="checkbox"/>			





Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Fallston</i> <sup>Town</sup>		<i>Harford</i> <sup>County</sup>	
		Date of death <i>1906</i> <sup>Month</sup> <i>May</i> <sup>Day</sup> <i>18</i>		Age <i>Still born</i> <sup>Years</sup> <i>Still born</i> <sup>Months</sup> <i>Still born</i> <sup>Days</sup>	
		Sex <i>Female</i>		Color or Race <i>White</i>	
		Occupation _____		Birth-place <i>Fallston Md</i>	
		Where Residing if not at place of death _____			
		Married, Single or Widowed _____		Name of Wife or Husband _____	
Father's Name <i>Heall Preston S.</i>		Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Florence Amos</i>		Mother's Birthplace <i>Md.</i>			
Name of person giving Information <i>Heall Preston</i>		How related to deceased <i>Father</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Still born</i>		How long _____	
		Immediate _____		How long _____	
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Geo. W. Davis</i>	
		Address <i>Pleasantville Md</i>			
Accident or Suicide?					



Name  
in  
Full

Amor Pyle

## CERTIFICATE OF DEATH

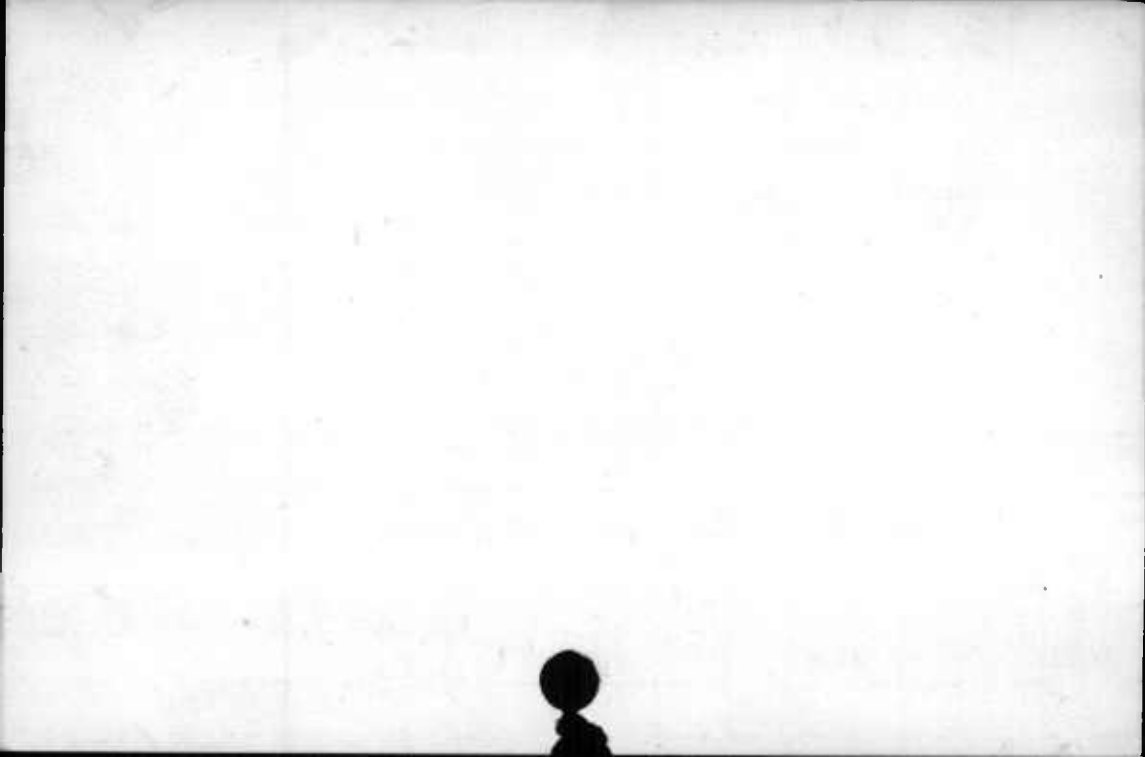
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Milua</i> Town		<i>Harford</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>May</i>	Day <i>15th</i>	Age <i>80</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Harford Co</i>		
Occupation <i>Retired Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary R. Pyle</i>			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Old age</i>	How long
Immediate <i>General debility</i>	How long <i>20 or 22 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Kupper M.D.</i>
	Address <i>Franklinville</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *The Rocks* <sup>Town</sup> *Harford* <sup>County</sup>Date of death 1906 *May* <sup>Month</sup> *12th* <sup>Day</sup> Age *T 4* <sup>Years</sup> *4* <sup>Months</sup> *3* <sup>Days</sup>Sex *Male* Color or Race *White* Birth-place *Pa.*Occupation *Farmer* Where Residing if not at place of death *The Rocks Ind.*Married, Single or Widowed *Married* Name of Wife or HusbandFather's Name *Robert Ramsay* Father's Birthplace *England.*Mother's Maiden Name *Miss Whiteford* Mother's BirthplaceName of person giving information *Pert Ramsay* *(17)* How related to deceased *Son*

## CAUSES OF DEATH

Primary *Valvular Heart Disease.* How long *15 years.*

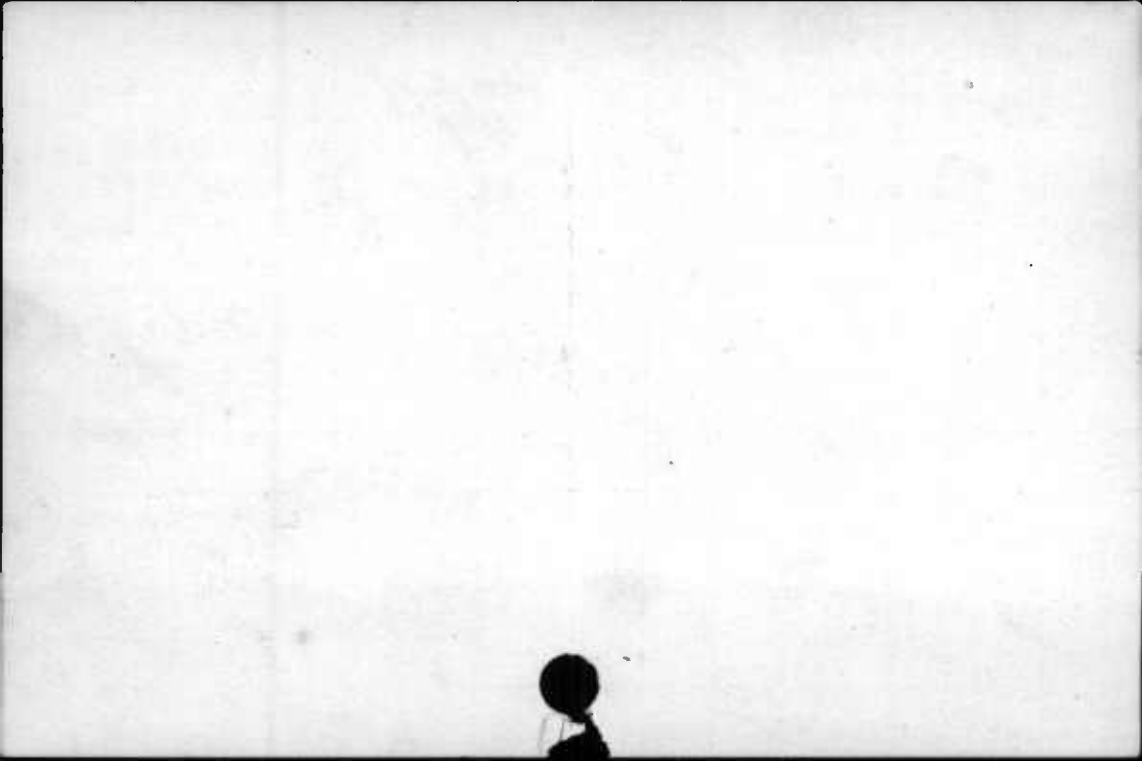
Immediate

Are the name, age, sex, color, date and place correctly given above?

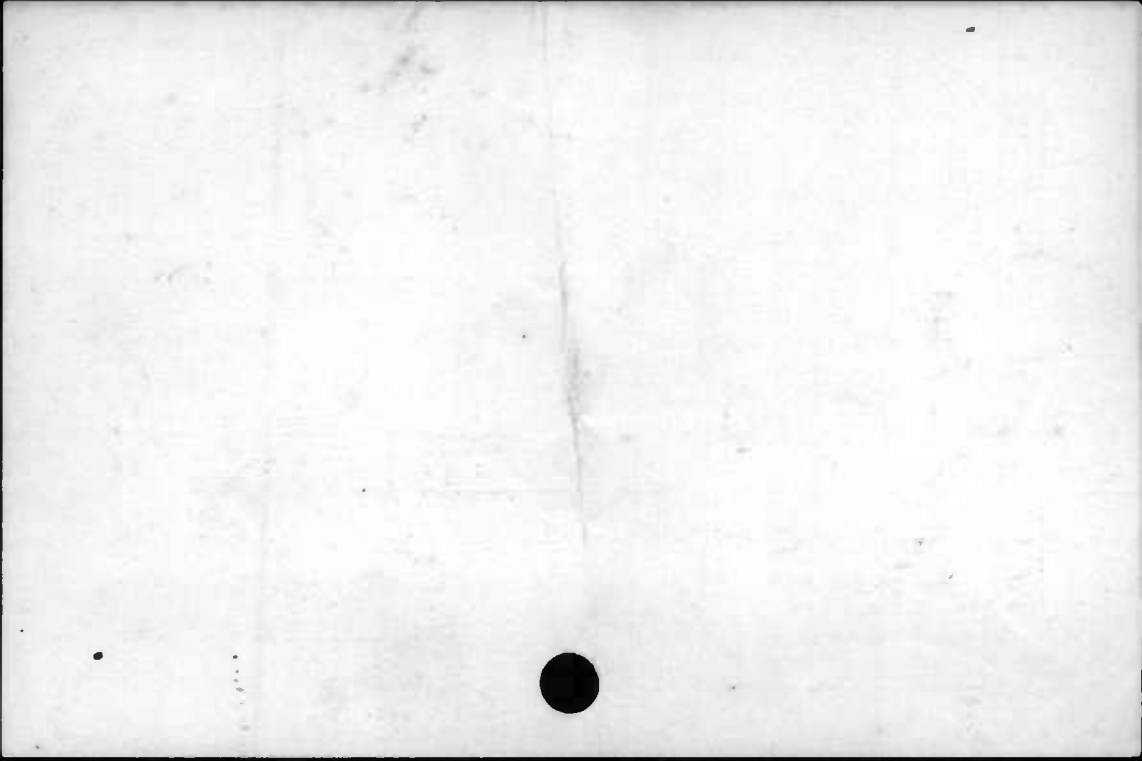
Signature of Physician

Address

*E. W. H. Dammour*  
*Stuart Ind.*Accident or Suicide? *—*



Name in Full		Mary W. Rice				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Street Dr. Town		Harford County		MARYLAND	
	Date of death	1906	May	Day 5-	Age 49	Months	Days
	Sex	Female		Color or Race	Colored		
	Occupation	Housewife		Where Residing if not at place of death	Street Dr. And.		
	Married, Single or Widowed	Married		Name of Wife or Husband	J. R. Rice		
	Father's Name	Ored Wye.				Father's Birthplace	And.
	Mother's Maiden Name	Sarah Goun.				Mother's Birthplace	And.
Name of person giving information	J. R. Rice				How related to deceased	Husband.	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Tuberculosis			(27)	How long	1 year
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		E. W. Famous	
	Yes.			Address		Street And.	
Accident or Suicide?							





Name  
in  
Full

## CERTIFICATE OF DEATH

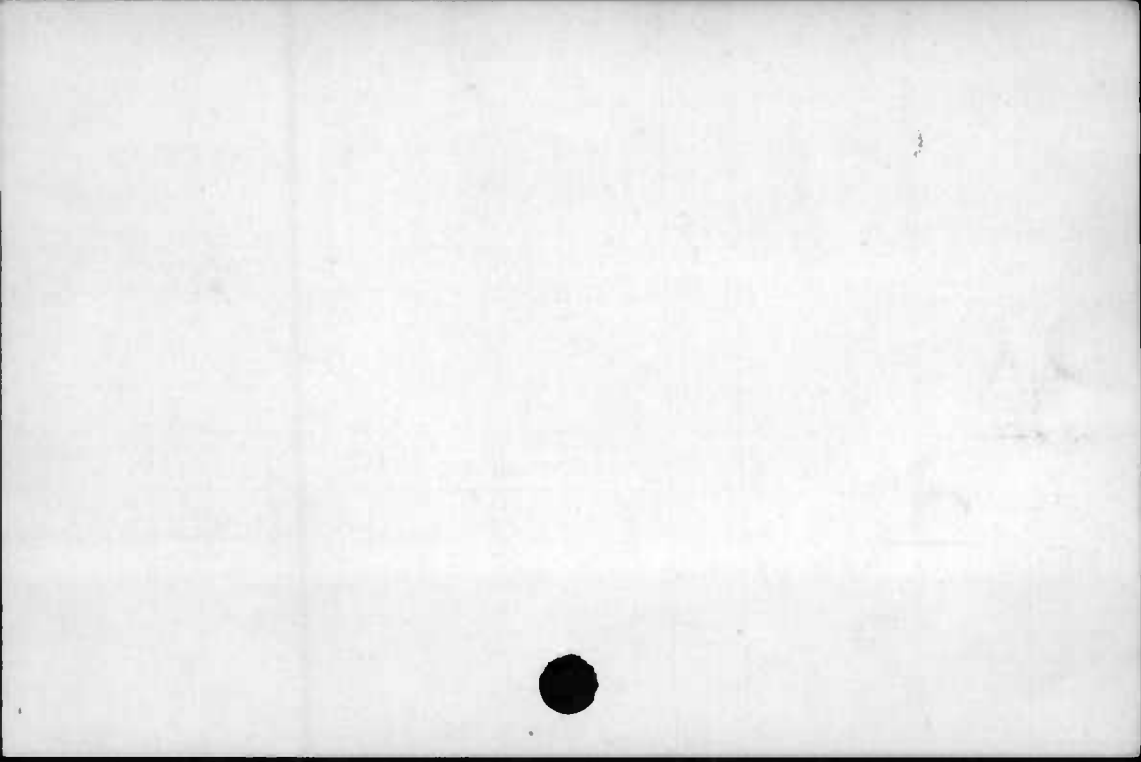
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1906	Month	5th	Day	7	Age	59
Sex	Female		Color or Race	White		Birthplace	Forest Hill
Occupation	Farm wife			Where Residing if not at place of death			
Married, Single or Widowed	Widowed		Name of Wife or Husband				
Father's Name	John D. Grafton					Father's Birthplace	Forest Hill
Mother's Maiden Name	Hester Perkins					Mother's Birthplace	Forest Hill
Name of person giving information	John W. Robinson					How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Carcinoma Uterus	How long	2 yrs
Immediate	Quintessence & Exhaustion	How long	3 Mths.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	F. P. Smith
		Address	Forest Hill Md
Accident or Suicide?			



Name  
in  
Full

Annis M. Scott

## CERTIFICATE OF DEATH

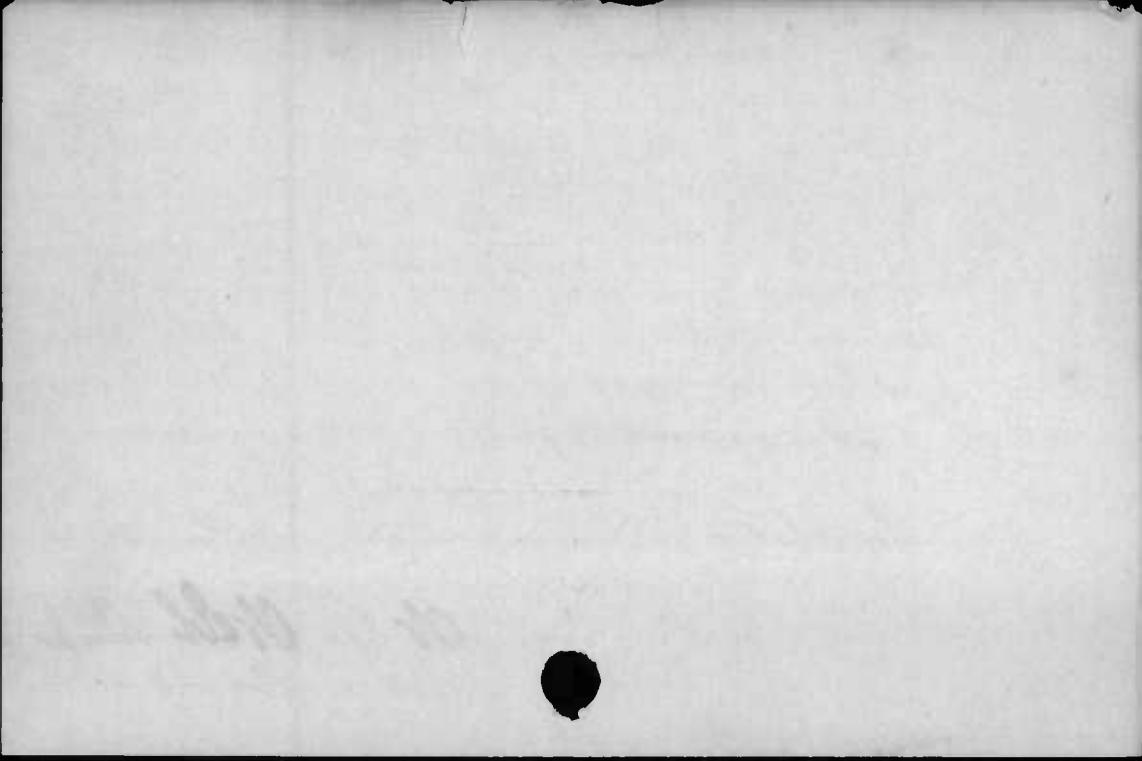
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Barkley</i> Town		<i>Harford</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>May</i>	Day <i>5th</i>	Age <i>58</i> Years	Months <i>4</i>	Days <i>13</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth place <i>Cumberland Co Md</i>		
Occupation <i>House wife + nurse</i>			Where Residing if not at place of death _____		
Married, <del>Single</del> or Widowed		Name of <del>Wife or</del> Husband <i>Rev'd J. H. Scott</i>			
Father's Name _____			Father's Birthplace _____		
Mother's Maiden Name _____			Mother's Birthplace _____		
Name of person giving information <i>Louise Briggs</i>			How related to deceased <i>none</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Dilated heart - Paralysis</i>	How long <i>Several years</i>
Immediate <i>Usual Complications with slow failure</i>	How long <i>2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Ephraim Hopkins</i>
	Address <i>Darlington</i>
Accident or Suicide? _____	



Name  
in  
Full

## CERTIFICATE OF DEATH

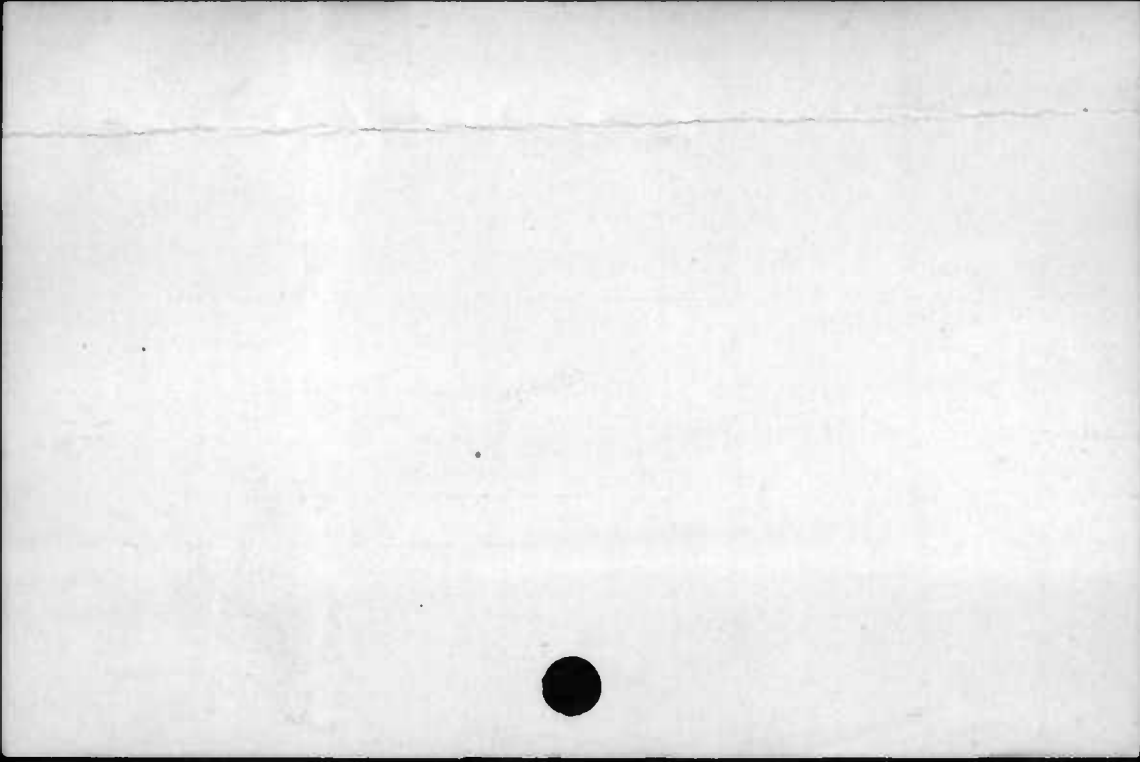
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Namsville</i>		Town <i>Namsville</i>		County <i>Harford</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>May</i>		Day <i>4</i>		Years <i>89</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Months <i>4</i>		Days <i>12</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>New York State</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Eliza Anne Hughes Norris</i>					
Father's Name <i>Isaac Smith</i>		Father's Birthplace <i>New York</i>					
Mother's Maiden Name <i>Hetty Jagger</i>		Mother's Birthplace <i>New Jersey</i>					
Name of person giving information <i>F. Penrose Smith</i>		How related to deceased <i>Son</i>					

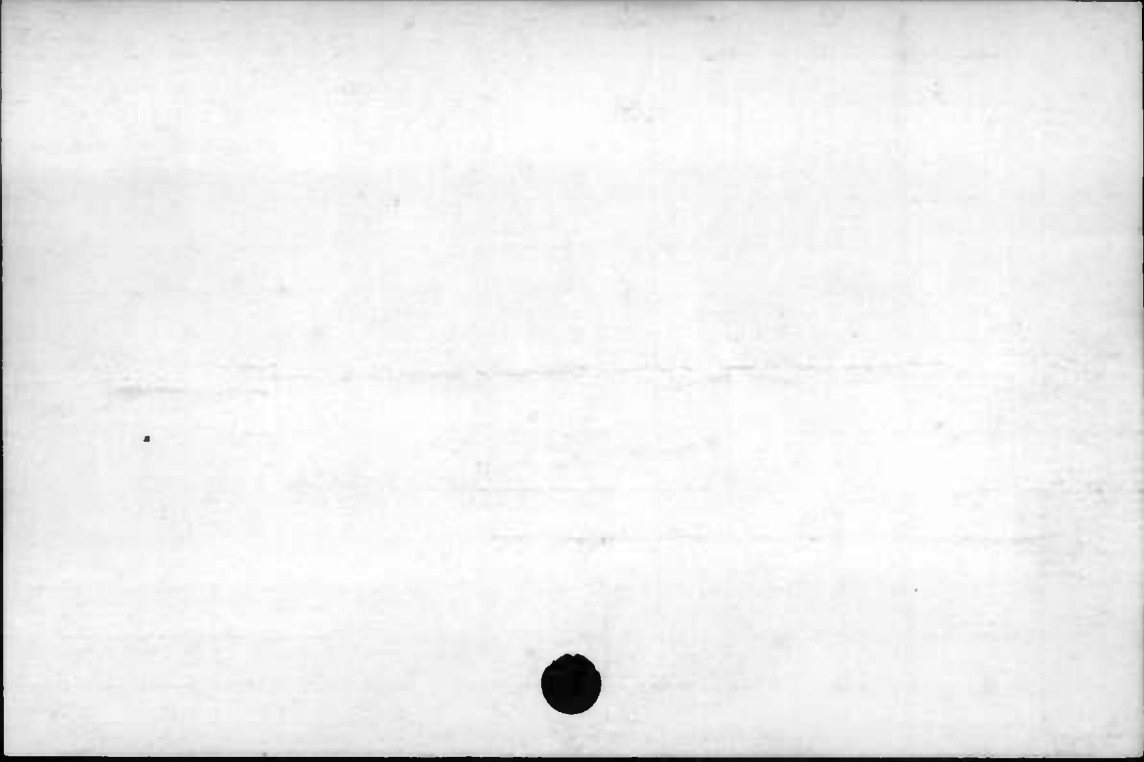
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Senility</i>		How long <i>old Age</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A R Webb M.D.</i>	
		Address <i>Farm Grovel Pa</i>	
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Black Horse</i> <small>Town</small>		<i>Hartford</i> <small>County</small>		MARYLAND	
	Date of death <i>1906</i>	<i>May</i> <small>Month</small>	<i>7</i> <small>Day</small>	<i>78</i> <small>Years</small>	<i>78</i> <small>Months</small>	
	Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Carroll Co</i>		
	Occupation <i>House Wife</i>		Where Residing if not at place of death			
	Married, Single or Widowed <i>widowed</i>	Name of Wife or Husband <i>Harmon Troyer</i>				
	Father's Name <i>Henry Reagle</i>		Father's Birthplace			
	Mother's Maiden Name		Mother's Birthplace			
Name of person giving information <i>Alretta Sutton</i>		How related to deceased <i>daughter</i>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>organic heart</i>		<i>79</i>		How long <i>2 years</i>	
	Immediate <i>Paralysis</i>				How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>F. J. [unclear]</i>			
			Address <i>White House</i>			
Accident or Suicide?						





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Bel Air</u> <u>Maryland</u>		County <u>Maryland</u>	
Date of death <u>1906</u>	Month <u>May</u>	Year <u>1906</u>	Age <u>34</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Maryland</u>	Months <u></u>
Occupation <u>Barber</u>	Where Residing if not at place of death <u>Bel Air</u>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Eveline Yarish</u>		
Father's Name <u>Barney Yarish</u>	Father's Birthplace <u>Germany</u>		
Mother's Maiden Name <u>Rosa Potchyska</u>	Mother's Birthplace <u>Germany</u>		
Name of person giving information <u>Barney Yarish</u>	How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Rheumatism</u>	How long <u>6 months</u>
Immediate <u>Blood clot in brain</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>E. H. Hall, M.D.</u>
	Address <u>Bel Air, Md.</u>
Accident or Suicide? <u></u>	

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